

Name _____

Address _____

Phone number: _____

E-mail: _____

Please check the following that applies:

Freshman

Admitted to CON

Sophomore

Intention to major in Nursing

Junior

Senior

New \$10/academic year

Renewal \$5.00/academic year

Waived: membership number for National Student Nurse Association

NSNA # _____

Please leave membership dues and application in the Office of Student Affairs. Upon receiving your membership card (which is also your receipt of payment), you will have voting privileges within the CNC. A copy of the Bylaws is available on the Web Site for the CNC.

Welcome!!

CNC only:

Date received: _____

Payment: cash \$ _____ check # _____ money order # _____

(Treasure) signature: _____ date: _____

Date card issued: _____